

# BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 522593

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3			2				
4			1				
5			1				
6			1				
7			1				
8			1				
9			1				
10			1				
11			1				
12			1				
13			1				
14			2				
15			2				
16			2				
17			2				
18			2				
19			2				
20			2				
21			2				
22			1				
23			1				
24			1				
25			1				
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41			1				
42			1				
43			1				
44			1				
45			1				
46			1				
47			1				
48			1				
49			1				
50			1				
TOTAL IND.			4				
TOTAL DEP.			34				
TOTAL CLAIMS			38				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							